



Send completed forms  
to DOH Communicable  
Disease Epidemiology  
Fax: 206-361-2930

# Brucellosis

County \_\_\_\_\_

**LHJ Use ID** \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**LHJ Classification** ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

**DOH Use ID** \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
**DOH Classification**  
☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

**Y N DK NA**

☐ ☐ ☐ ☐ **Fever** Highest measured temp: \_\_\_\_ °F

Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk

☐ ☐ ☐ ☐ **Recurring fever**

Number of attacks: \_\_\_\_\_

Days between attacks: \_\_\_\_\_

☐ ☐ ☐ ☐ **Sweats**

☐ ☐ ☐ ☐ **Headache**

☐ ☐ ☐ ☐ **Fatigue**

☐ ☐ ☐ ☐ **Arthritis or arthralgia**

☐ ☐ ☐ ☐ **Loss of appetite (anorexia)**

☐ ☐ ☐ ☐ **Weight loss with illness**

### Hospitalization

**Y N DK NA**

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ Died from illness

Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ **Brucella species isolation (clinical specimen)**

☐ ☐ ☐ ☐ **Brucella immunofluorescence positive (clinical specimen)**

☐ ☐ ☐ ☐ **Brucella titer positive with < 4-fold rise**

☐ ☐ ☐ ☐ **Brucella titer >=160 in at least 1 specimen**

☐ ☐ ☐ ☐ **Brucella titer with =>4-fold rise (serum pair =>2 wks apart)**

☐ ☐ ☐ ☐ **Confirmed at state or federal public health laboratory**

### Predisposing Conditions

**Y N DK NA**

☐ ☐ ☐ ☐ Pregnant

Estimated delivery date \_\_\_\_/\_\_\_\_/\_\_\_\_

OB name, address, phone: \_\_\_\_\_

☐ ☐ ☐ ☐ Miscarriage or stillbirth

☐ ☐ ☐ ☐ Neonatal

Delivery location: \_\_\_\_\_

☐ ☐ ☐ ☐ Postpartum mother (<= 6 weeks)

### Clinical Findings

**Y N DK NA**

☐ ☐ ☐ ☐ Endocarditis

☐ ☐ ☐ ☐ Osteomyelitis

☐ ☐ ☐ ☐ Orchitis

## NOTES

**INFECTION TIMELINE**

Enter onset date (first sx)  
in heavy box. Count  
backward to determine  
probable exposure period

Days from  
onset:

Exposure period

-60

-5

o  
n  
s  
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t

Calendar dates:

**EXPOSURE (Refer to dates above)**

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or  
outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: \_\_\_\_\_

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ If infant, confirmed infection in birth mother
- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)
- ☐ ☐ ☐ ☐ Other unpasteurized milk (e.g. sheep, goat)
- ☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese  
from raw milk, queso fresco or food made with  
these cheeses)

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: \_\_\_\_\_

Y N DK NA

- ☐ ☐ ☐ ☐ Case or household member lives or works on  
farm or dairy
- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g.  
research, veterinary medicine, slaughterhouse)  
Animal birthing/placentas ☐ Y ☐ N ☐ DK ☐ NA  
Animal (specify): \_\_\_\_\_
- ☐ ☐ ☐ ☐ Wildlife or wild animal exposure
- ☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere  
Cattle, cow or calf ☐ Y ☐ N ☐ DK ☐ NA  
Dog or puppy ☐ Y ☐ N ☐ DK ☐ NA  
Goat ☐ Y ☐ N ☐ DK ☐ NA  
Pigs or swine ☐ Y ☐ N ☐ DK ☐ NA  
Sheep ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Employed in laboratory
- ☐ ☐ ☐ ☐ Parenteral or mucous membrane *Brucella*  
vaccine exposure
- ☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee,  
visitor)

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue  
(including ova or semen) in the 30 days before  
symptom onset? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Agency and location: \_\_\_\_\_  
Specify type of donation: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Potential bioterrorism exposure
- ☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

- ☐ Investigation of raw milk dairy
- ☐ Notify blood or tissue bank
- ☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_